

☐ CORRECTED (if checked)

BR8-RAI

PAYER'S name, street address, city, state, and ZIP code THE AFFINITY GROUP, INC. RETIREMENT ACCOUNTS, INC. 717 17TH STREET SUITE 2500 DENVER, CO 80202 800-325-4352		1 Gross distribution \$600,000.00	OMB No 1545-0119 2001 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number [REDACTED]		2a Taxable amount \$600,000.00	Total distribution <input type="checkbox"/>		
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 800 SOUTH OCEAN BLVD. SUITE L4 BOCA RATON, FL 33432		2b Taxable amount not determined <input checked="" type="checkbox"/>	3 Capital gain (included in box 2a) \$0.00		Copy C For Recipients Records This information is being furnished to the Internal Revenue Service.
RECIPIENT'S Federal identification number [REDACTED]		4 Federal income tax withheld \$0.00	5 Employee contributions or insurance premiums \$0.00		
RECIPIENT'S address (optional) [REDACTED]		6 Net unrealized appreciation in employer's securities \$0.00	7 Distribution code(s) 7 <input checked="" type="checkbox"/> IRA/SEP/SIMPLE		8 Other \$0.00 %
		9a Your percentage of total distribution %	9b Total employee contributions \$0.00		
		10 State tax withheld \$0.00	11 State/Payer's state no. FL		12 State distribution \$0.00
		13 Local tax withheld \$0.00	14 Name of locality		15 Local distribution \$0.00

(keep for your records) Department of the Treasury-Internal Revenue Service

Form 1099-R

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PAYER'S name, street address, city, state, and ZIP code THE AFFINITY GROUP, INC. RETIREMENT ACCOUNTS, INC. 717 17TH STREET SUITE 2500 DENVER, CO 80202 800-325-4352		1 Gross distribution \$600,000.00	OMB No 1545-0119 2001 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number [REDACTED]		2a Taxable amount \$600,000.00	Total distribution <input type="checkbox"/>		
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 800 SOUTH OCEAN BLVD. SUITE L4 BOCA RATON, FL 33432		2b Taxable amount not determined <input checked="" type="checkbox"/>	3 Capital gain (included in box 2a) \$0.00		Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S Federal identification number [REDACTED]		4 Federal income tax withheld \$0.00	5 Employee contributions or insurance premiums \$0.00		
RECIPIENT'S address (optional) [REDACTED]		6 Net unrealized appreciation in employer's securities \$0.00	7 Distribution code(s) 7 <input checked="" type="checkbox"/> IRA/SEP/SIMPLE		8 Other \$0.00 %
		9a Your percentage of total distribution %	9b Total employee contributions \$0.00		
		10 State tax withheld \$0.00	11 State/Payer's state no. FL		12 State distribution \$0.00
		13 Local tax withheld \$0.00	14 Name of locality		15 Local distribution \$0.00

Department of the Treasury-Internal Revenue Service

Form 1099-R

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PAYER'S name, street address, city, state, and ZIP code THE AFFINITY GROUP, INC. RETIREMENT ACCOUNTS, INC. 717 17TH STREET SUITE 2500 DENVER, CO 80202 800-325-4352		1 Gross distribution \$600,000.00	OMB No 1545-0119 2001 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S Federal identification number [REDACTED]		2a Taxable amount \$600,000.00	Total distribution <input type="checkbox"/>		
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 800 SOUTH OCEAN BLVD. SUITE L4 BOCA RATON, FL 33432		2b Taxable amount not determined <input checked="" type="checkbox"/>	3 Capital gain (included in box 2a) \$0.00		Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S Federal identification number [REDACTED]		4 Federal income tax withheld \$0.00	5 Employee contributions or insurance premiums \$0.00		
RECIPIENT'S address (optional) [REDACTED]		6 Net unrealized appreciation in employer's securities \$0.00	7 Distribution code(s) 7 <input checked="" type="checkbox"/> IRA/SEP/SIMPLE		8 Other \$0.00 %
		9a Your percentage of total distribution %	9b Total employee contributions \$0.00		
		10 State tax withheld \$0.00	11 State/Payer's state no. FL		12 State distribution \$0.00
		13 Local tax withheld \$0.00	14 Name of locality		15 Local distribution \$0.00

Department of the Treasury-Internal Revenue Service

Form 1099-R

<input type="button" value="Save"/> <input type="button" value="Detail"/> <input type="button" value="Search"/> <input type="button" value="Adjustment"/> <input type="button" value="Print"/> <input type="button" value="Exit"/>		Distributions Code 7	
IRS Correction IRS File Date: 9/29/2005		Print Correction Print Date: 2/23/2009	
PAYER'S name, street address, city, state, ZIP code THE AFFINITY GROUP, INC 717 17TH STREET SUITE 2600 DENVER CO 80202		1 Gross distribution \$200,000.00 2a. Taxable amount \$200,000.00 2b. Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/> 3. Capital gain (included in box 2a) \$0.00 4. Federal income tax withheld \$0.00 5. Employee contributions or insurance premiums \$0.00 6. Net unrealized appreciation in employer's securities \$0.00 7. Distribution code 7 IRA/SEP/SIMPLE <input checked="" type="checkbox"/> 8 Other \$0.00 % 9a. Your percentage of total distribution % 9b. Total employee contributions \$0.00 10. State tax withheld \$0.00 11. State/Payer's state no 12. State distribution \$0.00 13. Local tax withheld \$0.00 14. Name of locality 15. Local distribution \$0.00	
PAYER'S Federal identification number REDACTED RECIPIENT'S identification number REDACTED RECIPIENT'S name, address, city, state and ZIP code MILLER, STANLEY T 800 SOUTH OCEAN BLVD. SUITE 14 BOCA RATON FL 33432		OMB No 1545-0119 <div style="font-size: 2em; font-weight: bold; text-align: center;">2002</div> <div style="text-align: center;">Form 1099-R</div> <div style="text-align: center;"> Copy 2 File this copy with your state, city, or local income tax return, when required </div>	
Account number(optional) 031038030438			

Mark Form Printed ☐ Mark Form Filed ☐ Depository Account Indicator ☐ Loss Indicator ☐ Revoked Earnings Indicator ☐ Puerto Rico Fund Contributions Indicator ☐

Return Address ID
Message ID
Transaction Code
Payment Month

<input type="button" value="Save"/> <input type="button" value="Detail"/> <input type="button" value="Search"/> <input type="button" value="Adjustment"/> <input type="button" value="Print"/> <input type="button" value="Exit"/>		Distributions Code : 7	
IRS Correction IRS File Date: 9/15/2005		Print Correction Print Date: 9/14/2005	
PAYER'S name, street address, city, state, ZIP code THE AFFINITY GROUP RETIREMENT ACCOUNTS INC 717 17111 STREET SUITE 2600 DENVER, CO 80202		OMB No. 1545-0119 <div style="text-align: center; font-size: 2em; font-weight: bold;">2003</div> Form 1099-R	
PAYER'S Federal identification number <div style="text-align: center; font-weight: bold;">REDACTED</div>		RECIPIENT'S identification number <div style="text-align: center; font-weight: bold;">REDACTED</div>	
RECIPIENT'S name, address, city, state and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		Account number(optional) 031038030438 (308329193110083)	
1 Gross distribution \$250,000.00		2a Taxable amount \$250,000.00	
2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>	
3 Capital gain (included in box 2a) \$0.00		4 Federal income tax withheld \$0.00	
5 Employee contributions or insurance premiums \$0.00		6 Net unrealized appreciation in employer's securities \$0.00	
7 Distribution code <div style="text-align: center; font-size: 1.5em;">7</div>		IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	
8 Other \$0.00		%	
9a Your percentage of total distribution %		9b Total employee contributions \$0.00	
10 State tax withheld \$0.00		11 State/Payer's state no.	
12 State distribution \$0.00		13 Local tax withheld \$0.00	
14 Name of locality		15 Local distribution \$0.00	

Mark Form Printed ☐ Mark Form Filed ☐ Depository Account Indicator ☐ Loss Indicator ☐ Revoked Earnings Indicator ☐ Puerto Rico Fund Contributions Indicator ☐

Return Address ID
Message ID
Transaction Code
Payment Month

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 449,977.26	2004	
RECIPIENT'S identification number REDACTED		2a Taxable amount \$ 449,977.26	2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy B Report this income on your federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.
Account number (optional) 031038030438		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
RECIPIENT'S Federal identification number REDACTED		7 Distribution code(s) 7	8 Other \$	This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 State tax withheld \$		11 State/Payer's state no. FL /	12 State distribution \$	Form 1099-R
13 Local tax withheld \$		14 Name of locality	15 Local distribution \$	

Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 449,977.26	2004	
RECIPIENT'S identification number REDACTED		2a Taxable amount \$ 449,977.26	2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy C For Recipient's Records
Account number (optional) 031038030438		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
RECIPIENT'S Federal identification number REDACTED		7 Distribution code(s) 7	8 Other \$	This information is being furnished to the Internal Revenue Service.
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 State tax withheld \$		11 State/Payer's state no. FL /	12 State distribution \$	Form 1099-R
13 Local tax withheld \$		14 Name of locality	15 Local distribution \$	

Department of the Treasury - Internal Revenue Service

(Keep for your records.)

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 449,977.26	2004	
RECIPIENT'S identification number REDACTED		2a Taxable amount \$ 449,977.26	2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy 2 File this copy with your state, city, or local income tax return, when required.
Account number (optional) 031038030438		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
RECIPIENT'S Federal identification number REDACTED		7 Distribution code(s) 7	8 Other \$	Form 1099-R
RECIPIENT'S name, street address, city, state, and ZIP code MILLER, STANLEY T 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 State tax withheld \$		11 State/Payer's state no. FL /	12 State distribution \$	Form 1099-R
13 Local tax withheld \$		14 Name of locality	15 Local distribution \$	

Department of the Treasury - Internal Revenue Service

4H8034 2.000

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 350,000.00	2005 Form 1099-R	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.	
		2a Taxable amount \$ 350,000.00			
		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number REDACTED	RECIPIENT'S identification number REDACTED	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	This information is being furnished to the Internal Revenue Service.	
RECIPIENT'S name, street address, city, state, and ZIP code STANLEY T. MILLER 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/SEP/SIMPLE 7	8 Other <input type="checkbox"/> %		
		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (see instructions) 031038030438 7		10 State tax withheld \$	11 State/Payer's state no. FL /	12 State distribution \$	
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$	

Form 1099-R Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 350,000.00	2005 Form 1099-R	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.	
		2a Taxable amount \$ 350,000.00			
		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number REDACTED	RECIPIENT'S identification number REDACTED	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	This information is being furnished to the Internal Revenue Service.	
RECIPIENT'S name, street address, city, state, and ZIP code STANLEY T. MILLER 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/SEP/SIMPLE 7	8 Other <input type="checkbox"/> %		
		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (see instructions) 031038030438 7		10 State tax withheld \$	11 State/Payer's state no. FL /	12 State distribution \$	
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$	

Form 1099-R (Keep for your records.) Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 350,000.00	2005 Form 1099-R	Copy 2 File this copy with your state, city, or local income tax return, when required.	
		2a Taxable amount \$ 350,000.00			
		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number REDACTED	RECIPIENT'S identification number REDACTED	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	This information is being furnished to the Internal Revenue Service.	
RECIPIENT'S name, street address, city, state, and ZIP code STANLEY T. MILLER 333 SUNSET AVENUE APT 605 PALM BEACH, FL 33480		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) <input checked="" type="checkbox"/> IRA/SEP/SIMPLE 7	8 Other <input type="checkbox"/> %		
		9a Your percentage of total distribution %	9b Total employee contributions \$		
Account number (see instructions) 031038030438 7		10 State tax withheld \$	11 State/Payer's state no. FL /	12 State distribution \$	
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$	

Form 1099-R 5H8034 2.000 Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 50,000.00	2006 Form 1099-R	
PAYER'S federal identification number REDACTED		2a Taxable amount \$ 50,000.00		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy C This information is being furnished to the Internal Revenue Service.
RECIPIENT'S federal identification number REDACTED		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
1st year of design. Roth contrib.		7 Distribution code(s) 7 IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other <input type="checkbox"/>	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
Account number (see instructions) 031038030438		9a Your percentage of total distribution %	9b Total employee contributions \$	
		10 State tax withheld \$	11 State/Payer's state no. FL /	12 State distribution \$
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$

Form 1099-R Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 50,000.00	2006 Form 1099-R	
PAYER'S federal identification number REDACTED		2a Taxable amount \$ 50,000.00		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
RECIPIENT'S federal identification number REDACTED		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
1st year of design. Roth contrib.		7 Distribution code(s) 7 IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other <input type="checkbox"/>	Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
Account number (see instructions) 031038030438		9a Your percentage of total distribution %	9b Total employee contributions \$	
		10 State tax withheld \$	11 State/Payer's state no. FL /	12 State distribution \$
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$

Form 1099-R (Keep for your records.) Department of the Treasury - Internal Revenue Service

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		1 Gross distribution \$ 50,000.00	2006 Form 1099-R	
PAYER'S federal identification number REDACTED		2a Taxable amount \$ 50,000.00		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S federal identification number REDACTED		5 Employee contributions/Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
1st year of design. Roth contrib.		7 Distribution code(s) 7 IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other <input type="checkbox"/>	Copy 2 File this copy with your state, city, or local income tax return, when required.
Account number (see instructions) 031038030438		9a Your percentage of total distribution %	9b Total employee contributions \$	
		10 State tax withheld \$	11 State/Payer's state no. FL /	12 State distribution \$
		13 Local tax withheld \$	14 Name of locality	15 Local distribution \$

Form 1099-R 6H8034-1-0000 Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		2007 Form 1099-R		
PAYER'S federal identification number REDACTED		1 Gross distribution \$ 100,000.00		Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
RECIPIENT'S identification number REDACTED		2a Taxable amount \$ 100,000.00		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7 6 SOUTH PALM BEACH, FL 33480		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7 6 SOUTH PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7 6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7 6 SOUTH PALM BEACH, FL 33480		7 Distribution code(s) IRA/SEP/SIMPLE <input checked="" type="checkbox"/>		8 Other <input type="checkbox"/>
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7 6 SOUTH PALM BEACH, FL 33480		9a Your percentage of total distribution <input type="checkbox"/> %		9b Total employee contributions \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7 6 SOUTH PALM BEACH, FL 33480		10 State tax withheld \$		11 State/Payer's state no. FL /
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7 6 SOUTH PALM BEACH, FL 33480		13 Local tax withheld \$		14 Name of locality \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7 6 SOUTH PALM BEACH, FL 33480		12 State distribution \$		15 Local distribution \$
Account number (see instructions) 031038030438		1st year of desig. Roth contrib.		

Form 1099-R Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		2007 Form 1099-R		
PAYER'S federal identification number REDACTED		1 Gross distribution \$ 100,000.00		Copy C For Recipient's Records This information is being furnished to the Internal Revenue Service.
RECIPIENT'S identification number REDACTED		2a Taxable amount \$ 100,000.00		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		7 Distribution code(s) IRA/SEP/SIMPLE <input checked="" type="checkbox"/>		8 Other <input type="checkbox"/>
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		9a Your percentage of total distribution <input type="checkbox"/> %		9b Total employee contributions \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		10 State tax withheld \$		11 State/Payer's state no. FL /
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		13 Local tax withheld \$		14 Name of locality \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		12 State distribution \$		15 Local distribution \$
Account number (see instructions) 031038030438		1st year of desig. Roth contrib.		

Form 1099-R (Keep for your records.) Department of the Treasury - Internal Revenue Service

<input type="checkbox"/> CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
PAYER'S name, street address, city, state, and ZIP code FISERV AFFINITY INC 717 17TH STREET SUITE 2600 DENVER, CO 80202		2007 Form 1099-R		
PAYER'S federal identification number REDACTED		1 Gross distribution \$ 100,000.00		Copy 2 File this copy with your state, city, or local income tax return, when required.
RECIPIENT'S identification number REDACTED		2a Taxable amount \$ 100,000.00		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		2b Taxable amount not determined <input checked="" type="checkbox"/> Total distribution <input type="checkbox"/>		
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		7 Distribution code(s) IRA/SEP/SIMPLE <input checked="" type="checkbox"/>		8 Other <input type="checkbox"/>
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		9a Your percentage of total distribution <input type="checkbox"/> %		9b Total employee contributions \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		10 State tax withheld \$		11 State/Payer's state no. FL /
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		13 Local tax withheld \$		14 Name of locality \$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		12 State distribution \$		15 Local distribution \$
Account number (see instructions) 031038030438		1st year of desig. Roth contrib.		

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CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code TRUST INDUSTRIAL BANK Fiserv Investment Support Services P O BOX 173859 DENVER, CO 80217-3859		1 Gross distribution	\$ 900,000.00	2008	Form 1099-R
		2a Taxable amount	\$ 900,000.00		
PAYER'S federal identification number		2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>	
RECIPIENT'S identification number		3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	\$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	\$
1st year of death, Roth contrib.		7 Distribution code(s) IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other	%	
Account number (see instructions) 031038030438		9a Your percentage of total distribution	%	9b Total employee contributions	\$
		10 State tax withheld	\$	11 State/Payer's state no.	FL /
		13 Local tax withheld	\$	14 Name of locality	
				12 State distribution	\$
				15 Local distribution	\$

Form 1099-R

Department of the Treasury - Internal Revenue Service

Copy B
Report this income on your Federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code TRUST INDUSTRIAL BANK Fiserv Investment Support Services P O BOX 173859 DENVER, CO 80217-3859		1 Gross distribution	\$ 900,000.00	2008	Form 1099-R
		2a Taxable amount	\$ 900,000.00		
PAYER'S federal identification number		2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>	
RECIPIENT'S identification number		3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	\$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	\$
1st year of death, Roth contrib.		7 Distribution code(s) IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other	%	
Account number (see instructions) 031038030438		9a Your percentage of total distribution	%	9b Total employee contributions	\$
		10 State tax withheld	\$	11 State/Payer's state no.	FL /
		13 Local tax withheld	\$	14 Name of locality	
				12 State distribution	\$
				15 Local distribution	\$

Form 1099-R

Department of the Treasury - Internal Revenue Service

Copy C
For Recipient's Records

This information is being furnished to the Internal Revenue Service.

(Keep for your records.)

CORRECTED (if checked)		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S name, street address, city, state, and ZIP code TRUST INDUSTRIAL BANK Fiserv Investment Support Services P O BOX 173859 DENVER, CO 80217-3859		1 Gross distribution	\$ 900,000.00	2008	Form 1099-R
		2a Taxable amount	\$ 900,000.00		
PAYER'S federal identification number		2b Taxable amount not determined <input checked="" type="checkbox"/>		Total distribution <input type="checkbox"/>	
RECIPIENT'S identification number		3 Capital gain (included in box 2a)	\$	4 Federal income tax withheld	\$
RECIPIENT'S name, street address (including apt. no.), city, state, and ZIP code MILLER, STANLEY T 3170 SOUTH OCEAN BLVD APT 7-6 SOUTH PALM BEACH, FL 33480		5 Employee contributions/Designated Roth contributions or insurance premiums	\$	6 Net unrealized appreciation in employer's securities	\$
1st year of death, Roth contrib.		7 Distribution code(s) IRA/SEP/SIMPLE <input checked="" type="checkbox"/>	8 Other	%	
Account number (see instructions) 031038030438		9a Your percentage of total distribution	%	9b Total employee contributions	\$
		10 State tax withheld	\$	11 State/Payer's state no.	FL /
		13 Local tax withheld	\$	14 Name of locality	
				12 State distribution	\$
				15 Local distribution	\$

Form 1099-R

Department of the Treasury - Internal Revenue Service

Copy 2
File this copy with your state, city, or local income tax return, when required.